NETWORK ACCESS REQUEST

(PLEASE E-MAIL TO HHS NETWORK ACCESS - netaccess@state.mt.us)

Employee Name:		
Address:		Date:
Phone:	Division:	Bureau/Building:
Login ID:	Supervisor Name and Phone:	

Server Name (If Known):

Network Printers: (List Printers below)	Network Program Access: (Check needed access below ☐ WordPerfect (MUST HAVE LICENSE) ☐ Time & Travel System ☐ Outlook ☐ Mainframe ☐ Montana Codes Annotated ☐ MS Access (MUST HAVE LICENSE) ☐ Other (List)
Citrix Program Access: (Check needed access below) ☐ CDS ☐ Time & Travel System ☐ PHDS ☐ PHDSQA ☐ CHRIS ☐ EBT ☐ IRIS ☐ MASTS ☐ MICRS ☐ MTAP ☐ PERQS ☐ PERQS QA ☐ SHS ☐ AWACS ☐ Other (List)	Database Program Access: (Check needed access below) ☐ AWACS (Check) ☐CSS ☐DDP ☐DDS ☐FISCAL ☐ICAP ☐VR ☐ CACFP ☐ FCS ☐ SOPHI ☐ SABHRS WAREHOUSE ☐ Other (List)

TO BE COMPLETED BY NETWORK STAFF

Date Completed:	Completed By:
Person Notified:	